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ABSTRACT

Proceedings from a meeting about teaching gerontology and geriatric medicine in the European region of the World Health Organization are summarized. Issues and topics discussed include implications for education and training related to gerontology and geriatric medicine, courses, geriatric medicine as a specialty, the patient, teaching objectives, the contribution of research to education, and the establishment of a clearing house on curricula. Nine recommendations are listed. (DC)

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ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

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TEACHING GERONTOLOGY/GERIATRIC MEDICINE AND ESTABLISHING A CLEARING HOUSE ON CURRICULA

Report on a Consultation

Copenhagen
19-20 March 1981

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CONTENTS

	Page
Introduction	1
Background	1
Purpose	1
Opening statement	1
Election of officers	1
Proceedings	1
General	1
Courses in gerontology/geriatric medicine	2
Geriatric medicine as a "practice specialty"	3
Profile of the "geriatric patient"	4
Teaching objectives in gerontology/geriatric medicine	4
The contribution of research to education in gerontology/geriatric medicine	4
Establishment of a clearing house on curricula	5
Recommendations	5
Annex List of participants	6

INTRODUCTION

Background

The meeting was convened by the WHO Regional Office for Europe with the participation of three experts in the teaching of gerontology/geriatric medicine in the European Region, who attended in the capacity of temporary advisers to the Regional Office; three observers from Denmark; and staff of the Regional Office (see Annex).

Purpose

The aims of the meeting were as follows:

(1) in the light of the present situation in the teaching of gerontology/geriatric medicine in the European Region, to:

- define areas of knowledge on aging that are relevant to medical education;
- determine the extent to which such knowledge should be incorporated into medical teaching;
- assess methods for conveying such knowledge to medical students, young physicians and experienced practitioners;
- consider the role of research in education programmes on aging;
- consider the establishment of a clearing house for curricula and other teaching materials to be made available for educational institutions upon request;
- identify leading medical schools/postgraduate institutes in the discipline, and update existing curricula;

(2) to formulate recommendations for action in the context of the above points.

Opening statement

The meeting was opened by Dr A. Wojtczak. He conveyed the good wishes of Dr Leo A. Kaprio, WHO Regional Director for Europe, who was unable to attend.

Dr Wojtczak emphasized the need for WHO to define the educational requirements in gerontology and geriatric medicine as an important component of achieving the objectives contained in the regional strategy for attaining health for all by the year 2000 document (EUR/RC30/8). Paragraph 35 of the document, dealing with older adults (aged 65 plus), outlined the needs of the elderly and WHO sought to develop a network of centres throughout the Region, each to be capable of serving as an educational base to provide the necessary experts and teachers in gerontology/geriatric medicine.

As indicated in the document, Dr Wojtczak said that the pattern of medical education had tended to become rather rigid with overemphasis upon medical science, modern technology and narrower forms of specialism. High prestige had been accorded to these activities and a large proportion of health resources had been diverted into this field. It would undoubtedly require a sustained and determined effort to persuade deans and medical schools to offer more encouragement and resources to general disciplines such as primary health care, prevention and gerontology/geriatric medicine.

Election of officers

It was agreed that Professor Nada Smolic-Krkovic would be Chairman on 19 March and Professor J.P. Junod on 20 March. Professor J Williamson acted as Rapporteur.

PROCEEDINGS

General

Dr Hana Hermanova, Consultant for Health Care of the Elderly, started the proceedings with a brief statement in which she indicated that in almost all discussions on care of the elderly, education and training emerged as the highest priority areas. She also was able to

announce that the Andrija Štampar School of Public Health in Zagreb was willing to establish a clearing house for information relating to curricula and teaching material in gerontology/geriatric medicine.

The document Health care of the elderly: implications for education and training of physicians and other health care professionals[a] was discussed and the following points were agreed:

(1) health professionals should receive adequate instruction in gerontology/geriatric medicine within their basic (undergraduate) courses;

(2) postbasic (postgraduate) courses should be provided so that existing practitioners could be suitably informed and kept up to date;

(3) gerontology should be taught within the basic science courses; this would be of special relevance in the fields of physiology, anatomy and behavioural science;

(4) in each clinical specialty, teachers should emphasize the aspects of their subject which were relevant to elderly persons;

(5) there should be a separate block of curricular time devoted to gerontology/geriatric medicine in which students would have the opportunity to study the subject in the widest context.

These points appeared to the group to be essential elements of any programme aimed at improving knowledge of aging and care of the elderly and it was agreed that they would be used to produce more detailed and specific advice for educationists in health care.

The characteristics of geronotology and geriatric medicine from the above-mentioned document on health care of the elderly: implications for education and training of physicians and other health care professionals, were accepted, namely:

- Gerontology is the study of the normal aging process and its manifestations; this necessarily encompasses biological, physiological and sociological aspects.

- Geriatric medicine is that branch of medicine concerned with the special knowledge of symptomatology, the natural course of disease, treatment, rehabilitation and prevention in relation to patients in which changes resulting from age contribute significantly to the clinical picture.

Several times during the meeting, discussion took place on nomenclature and it was appreciated that the word "geriatric" often had a strongly negative effect upon patients, their families and health workers. The term "geriatric medicine", while generally more acceptable, had the disadvantage of suggesting that the scope was exclusively "medical" whereas it extended beyond the interests of physicians alone. It was agreed that there was a great deal to be said for broadening the scope by using the term "health care of the elderly" and it was recommended that WHO should adopt this in the future and encourage others to do likewise. "Geriatric medicine" would be retained to describe the medical aspects of health care of the elderly only.

Courses in gerontology/geriatric medicine

Several questions were posed under this heading:

(a) What should be the content of the courses?
(b) How should the teaching be done?
(c) Where and by whom should the teaching be done?

It was agreed that the gerontology part of the course should be taught within the basic science courses. Thus physiologists would teach the physiology of aging and biologists the biology of aging. Whenever possible, this teaching should be reinforced by practical experience

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[a] Svanborg, A. & Williamson, J. Health care of the elderly: implications for education and training of physicians and other health care professionals (unpublished WHO document EUR/HCE/80/1).

for students at this early stage of their training. Many opportunities existed for this, e.g. by allowing students to observe, talk to and study normal old people, thus giving them a chance to observe physiological and morphological changes associated with aging. Likewise they could be given a chance to see how families coped with aged (and sometimes ailing) members and how the network of family and social support operated within society. In this way students would understand from their earliest days of training that growing old was a normal part of human development, that it was going to happen to the great majority of individuals and that for all health care professionals, care of the elderly was going to be a major part of their life's work.

Considerable discussion took place on where and in what fashion teaching of gerontology/geriatric medicine would occur. It was agreed that students must be given the broadest view of care of the elderly. Thus, the traditional hospital-orientated course would be unsuitable. Students must have the opportunity to see old people in their own homes, in their natural family settings as well as at the different levels of institutional care. The view which a student would obtain of old age if confined to a modern teaching hospital would be an extremely biased and distorted one.

It was very important to emphasize that while the physician had an important role to play in providing accurate diagnosis and appropriate therapy in old patients, many of the problems were associated with age changes and, perhaps even more important, many were related to environmental factors. It was essential that health professionals should realize that medical remedies were only appropriate for medical conditions. Their application in other circumstances could only be harmful - at best representing a waste of expensive and scarce resources and at worst involving a real danger of adverse reactions to medical therapy, especially drugs. The logical conclusion, therefore, was that the complex medical, social and psychological needs of the elderly could not be adequately dealt with by one professional; the requirement was for a multidisciplinary team approach by which physician, nurse, social worker and rehabilitation therapist would ally themselves to ensure that their skills and knowledge were used to help old people to remain independent and to assist their families to continue to afford support.

Geriatric medicine as a "practice specialty"

Inevitably this topic was discussed at considerable length. It was agreed that where departments were staffed by health professionals who had decided to devote all their time (or a major proportion of it) to care of the elderly, this made it much easier to provide the broad form of training which was required for undergraduate and postgraduate students. Such departments were able to offer opportunities to see old people in all manner of settings, could demonstrate the multidisciplinary team in action and show that highly trained physicians, nurses and others could indeed derive deep professional satisfaction from work in this field.

Where such specialist services did not exist or were not envisaged, it would appear essential to establish academic departments in order to meet the important teaching needs.

Discussion took place as to whether the specialist in geriatric medicine would usurp the role of the primary health care providers. It was, however, pointed out that where geriatric medicine had been accorded full specialist recognition, the physician in geriatric medicine was regarded as a consultant. He was then called in by the general practitioner who sought to benefit his patient from the extra knowledge, skills and experience of the geriatrician (and his colleagues in the multidisciplinary team). The geriatrician had in addition extra resources, e.g. the day hospital and inpatient facilities. The multidisciplinary approach differed from most hospital based services in having a strong community orientation and emphasis was placed upon the non-institutional aspects of care and the importance of the family and informal networks. Such a service existed to complement and reinforce primary care, not to replace or weaken it.

It was appreciated that, at present, in many countries there was opposition to recognition of geriatric medicine as a valid specialty. This was partly because of traditional objections within the medical profession and partly because of understandable reluctance to allow further fragmentation within the profession by the proliferation of more and more specialties.

While the eventual outcome might be the full recognition of geriatric medicine as a specialty, practical politics required that in many countries at present it was sufficient to recommend the establishment in every medical school and college of facilities for the training of health professionals in gerontology/geriatric medicine. This would require the formation of cadres of fully-trained teachers.

It was considered probable that pressure of public opinion and increasing demand associated with the swelling ranks of the aged in society might eventually lead to wider acceptance of specialism in gerontology/geriatric medicine. Such changes, if they were to take place, would occur through gradual evolution.

Profile of the "geriatric patient"

Discussion took place upon what constituted a "geriatric patient" and it was agreed that the old person with a single "clear cut" problem such as myocardial infarction was not a candidate for geriatric care. This type of care, however, was required for the elderly patient with multiple problems, e.g. established hemiplegia, arthropathy, mental impairment plus, perhaps, social deprivation (poor housing, insufficient family support, etc.). Such a range of needs could only be appropriately met through close collaboration between primary health care and an efficient geriatric service.

Teaching objectives in gerontology/geriatric medicine

The group allocated considerable time to the consideration of suitable teaching objectives in gerontology/geriatric medicine and the following were agreed:

(1) to encourage a humane and positive attitude towards old people and to demonstrate the satisfaction and fulfilment which come from professional involvement with the elderly and their families;

(2) to produce an understanding of demographic factors and social changes in the aging of societies;

(3) to secure an understanding of age-related changes in the context of human development and an appreciation of the causes of disability in old age; prevention and management of disability should be understood within both community and institutional settings;

(4) to teach the special features of presentation of disease in old age and the problems of therapy (the problems associated with drug therapy in old age require special consideration);

(5) to indicate the principles of rehabilitation and their application to the elderly, a major objective being the attainment and maintenance of optimium physical, social and mental function for each individual;

(6) to demonstrate the importance of working as a member of a multidisciplinary team with full understanding and appreciation of the roles and skills of physicians, nurses, rehabilitation therapists, social workers and other team members;

(7) to indicate the importance of acquiring skill in communicating effectively with the elderly and those involved in their care; this should be done in such a way as to lead to fuller understanding of the importance of the family and the social network of care;

(8) to ensure an understanding of the importance of protection of the liberty of the individual so that the elderly may retain maximum choice and control over their own lifestyles and the manner in which they face dying;

(9) to reach an understanding of services available to old people and their families with special emphasis upon community aspects, and to emphasize the essential interdependence of these services and the need for effective cooperation between care providers and families.

It is believed that these objectives will provide a suitable basis for the construction of courses in gerontology/geriatric medicine. How these objectives are to be realized must depend upon local conditions and resources and it is up to medical schools and colleges to give careful consideration to their realization as a matter of high priority.

The contribution of research to education in gerontology/geriatric medicine

It was agreed that there had been in the past an inadequate research base in this field. This had contributed to the relatively low regard of the subject by other health professionals and specialists. If competent teachers with a suitably critical and questioning approach were to be provided, then research on care of the elderly should be actively encouraged. It should be emphasized that such research should have the widest and most varied possible scope.

Establishment of a clearing house on curricula

The offer from the Andrija Štampar School of Public Health was welcomed.

It was agreed that there would be considerable benefits both in the short and in the long terms from the establishment of such a clearing house for information curricula, courses and other educational material.

It was felt that there was a danger that such a clearing house might be overwhelmed by demand at an early stage and so it was recommended that as an initial step an "information centre on educational opportunities and courses in gerontology and health care of the elderly" should be established.

Members of the group undertook to inform Dr Hermanova of the names of individuals and organizations involved in education and/or offering courses. The WHO Regional Office for Europe would then bring to the notice of interested parties in Europe the existence and functions of the information centre.

RECOMMENDATIONS

The following recommendations were agreed.

(1) That WHO should be encouraged to use in their documentation the term "health care of the elderly" in preference to "gerontology/geriatric medicine".

(2) That WHO should continue to emphasize the importance of education in this field in both undergraduate and postgraduate courses for physicians and other health professionals. This should now be presented as a matter of urgency and highest priority.

(3) That all possible steps should be taken to impress the importance of adequate education in gerontology/geriatric medicine upon deans of medical schools and educationists in the field of health. It might be worthwhile to attempt to set up a workshop of deans and teachers of basic sciences to help to achieve this aim.

(4) That gerontology should be taught by teachers within the basic science courses. Continuing education in gerontology and normal aging should be provided throughout the courses and also be offered in the postgraduate phase.

(5) That the course in geriatric medicine recommended in the present report should be undertaken by specialists in this field who could offer their service models as teaching tools for the widest experience for students. Where specialists in geriatric medicine did not exist, this teaching should be undertaken by the staff of an academic department of health care of the elderly. The development of such departments in countries where geriatric medicine was not a recognized practice specialty was seen as a high priority.

(6) That recognition be given to the close relationship between gerontology/geriatric medicine, internal medicine, primary health care and psychiatry, particularly in planning courses.

(7) That it should be emphasized that gerontology/geriatric medicine, although it shared much common ground with primary health care, was in no sense to be seen as usurping its role. The two disciplines complemented each other and should not be seen as being in competition.

(8) That WHO should take all possible steps to publicize the teaching objectives contained in the present report with a view to securing their acceptance by medical schools and colleges concerned in the education of health professionals.

(9) That WHO should encourage research in all aspects of care of the elderly.

Annex

LIST OF PARTICIPANTS

TEMPORARY ADVISERS

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